

HEALTH PLAN COMPARISON

SERVICE	Kaiser	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
QUESTIONS ABOUT PLAN DESIGN AND PROVIDER NETWORKS	1-800-464-4000 Group #887 www.kaiserpermanente.org/locations/california	1-800-837-4481 Group # H11186 www.mylifepath.com	1-800-837-4481 Group #MH0161 www.mylifepath.com	1-800-837-4481 Group #975567 www.mylifepath.com
GENERAL	Kaiser is a prepaid group practice health maintenance organization, which provides direct services through Kaiser Foundation hospitals, medical offices and physicians ONLY. Kaiser members are encouraged to choose a personal physician from the staff for themselves and for each eligible family member.	<p>Blue Shield HMO is a health maintenance organization that contracts with medical groups and facilities to provide medical services to its members. Blue Shield members must choose a Primary Care Physician (PCP) from Blue Shield's network of physicians. Members must obtain a referral from their PCP's for specialty services. Members also have the option of referring themselves to a specialist within their PCP's medical group for an additional \$30 co-pay (Access+ Specialist).</p> <p>A complete listing of available Blue Shield PCPs is available on Blue Shield's website: www.mylifepath.com.</p>	<p>Blue Shield POS is a 3-tiered point-of-service health care plan. Each Blue Shield member must select a Primary Care Physician (PCP) from the Blue Shield HMO network. Coverage Tiers include:</p> <p>Tier 1: Maximum coverage at minimum cost. All services are coordinated through the member's PCP (in the Blue Shield HMO network). For covered services, members will only be responsible for the Tier 1 co-payments.</p> <p>Tier 2: Provides medically necessary services at discounted rates from designated preferred providers. Services must be provided through the Blue Shield PPO network. Members are responsible for the deductibles and co-payments for Tier 2 covered services.</p> <p>Tier 3: Allows the freedom to choose any physician or hospital (outside the Blue Shield HMO and PPO networks). Members are responsible for the Tier 3 deductibles and co-payments for covered services (may be significantly higher than those realized under Tiers 1 and 2).</p> <p>Medically necessary covered services may be obtained in Tier 2 & Tier 3 without a referral from the PCP (Blue Shield pre-authorization is required for some specialists as described below). Some services are covered only under Tier 1.</p>	<p>Blue Shield PPO is a 2-tiered Preferred/Non-Preferred Provider health care plan. Members may select a provider from the Preferred Provider list (Preferred), or may use a provider that is not on the list (Non-Preferred).</p> <p>Preferred Provider Network: Provides medically necessary services at discounted rates from designated Preferred Providers. Services must be provided through the Blue Shield PPO network. Members are responsible for the deductibles and co-payments for covered services.</p> <p>Non-Preferred Provider Option: Allows the freedom to choose any physician or hospital outside the PPO network. Members are responsible for the Non-Preferred deductibles and co-payments for covered services (these may be significantly higher than those realized under Preferred.)</p> <p>Medically necessary covered services may be obtained in Preferred & Non-Preferred without a referral from the PCP. Blue Shield pre-authorization is required for some specialist services.</p>

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WHO IS ELIGIBLE?	<p>Employees who live or work* in the Kaiser Service Area, and eligible dependents. Retirees (who are not Medicare-eligible) who reside in the Kaiser Service Area, and eligible dependents. Retirees who are eligible for Medicare must enroll in Kaiser Senior Advantage program.</p> <p>*The following services are limited for employees who live outside of Kaiser's Service Area: Home Health Care Service, Skilled Nursing Facility services, Hospice care, Durable Medical Equipment, and Hearing Aids.</p>	Employees who live or work in the Blue Shield Service Area, and eligible dependents. Retirees (under age 65) who reside in the Blue Shield HMO Service Area, and eligible dependents.	Employees who live or work in the Blue Shield Service Area, and eligible dependents. Retirees (under age 65) who reside in the Blue Shield HMO Service Area, and eligible dependents. If you live outside of the Blue Shield HMO Service Area, you may only be eligible for the PPO option.	Employees and retirees under age 65 who reside outside the Blue Shield HMO Service Area and eligible dependents.
ANNUAL DEDUCTIBLE	None	None	\$100 per eligible person for covered medical services outside the Blue Shield HMO network (i.e., medical services accessed under Tier 2 or Tier 3). Limited to 2 deductibles per family. No deductible is required for Tier 1 services, and deductibles may be waived in Tiers 2 and 3 for services requiring a \$10 co-pay.	\$100 per eligible person for covered medical services. Limited to 2 deductibles per family. Deductibles may be waived in for services requiring a \$10 co-pay.
PHYSICIAN VISITS: • OFFICE • IN HOSPITAL	<ul style="list-style-type: none"> • No charge; no limit • No charge 	<ul style="list-style-type: none"> • \$5 co-pay per visit • No charge 	Member pays \$5 co-pay in Tier 1; and \$10 co-pay in Tier 2. Plan pays 70% of Blue Shield's allowable amount in Tier 3.	Member pays \$10 co-pay per visit to Preferred providers; 30% co-pay per visit to Non-Preferred providers. (There may be additional charges if physician charges above Blue Shield's allowable amount.)
HOSPITAL ROOM & EXTRAS	No charge. Special care units when determined medically necessary by physician.	No charge when prior authorized by Blue Shield.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. All hospital services outside Tier 1 require pre-authorization by Blue Shield. Failure to obtain pre-authorization may result in an additional \$250 deductible.	Plan pays 90% of Blue Shield's allowable amount for Preferred hospitals; and 70% of allowable amount if non-emergency at a Non-Preferred hospital. Failure to obtain pre-authorization may result in an additional \$250 deductible.
SURGEONS, ASSISTANTS, ANESTHETISTS	No charge.	No charge for inpatient and outpatient surgical services, including anesthesia. Referrals are required.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. All surgical procedures outside Tier 1 require pre-authorization by Blue Shield.	Plan pays 90% of Blue Shield's allowable amount for Preferred providers; 70% of allowable amount for Non-Preferred providers. Surgical procedures from non-preferred physicians or facilities must be pre-authorized by Blue Shield.

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EMERGENCY ROOM	No Charge (but must be coordinated through Kaiser if not at a Kaiser facility).	Emergency services covered worldwide with a \$50 co-pay (co-pays are waived if admitted directly to the hospital as an inpatient).	Emergency services covered worldwide with a \$35 co-pay under Tier 1 and a \$50 co-pay under Tiers 2 & 3 (co-pays are waived if admitted as an inpatient within 12 hours of emergency). If Tier 1 HMO procedures are not followed, and/or services are not considered to be true emergency services (but are medically necessary), the coverage level will be determined under either Tier 2 (90% coverage) or Tier 3 (70% of the Blue Shield's allowable amount) based on the point of service and subject to the applicable deductibles and co-payments.	Emergency services covered worldwide with a \$50 deductible. Co-pays are waived if admitted to a hospital within 12 hours.
AMBULANCE	No charge when authorized by Kaiser.	\$50 Co-pay.	Plan pays 100% in Tier 1; 90% of billed charges in Tier 2 or Tier 3.	Plan pays 90% of billed charges.
WOMEN'S HEALTH AND MATERNITY	Complete care without charge to member for office visits and physician and hospital services.	\$5 co-pay for Ob/Gyn visits and exams. Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams.	Complete care, including exams, tests and other procedures, are provided for a \$5 co-pay in Tier 1 and a \$10 co-pay in Tier 2. Blue Shield pays 70% of their allowable amount in Tier 3. In-hospital maternity care: Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams.	\$10 co-pay for Ob/Gyn visits and exams when accessed through a Preferred provider. Plan pays 70% of Blue Shield's allowable amount if services are accessed through non-Preferred providers (Family Planning services are not covered through non-preferred providers). <u>In-Hospital Maternity</u> : Plan pays 90% for Preferred providers; and 70% of allowable amounts for non-Preferred providers.
OUTPATIENT X-RAY AND LABORATORY	No charge; no limit to number of visits with physician referral.	No charge.	Plan pays 100% in Tier 1; member pays \$10 co-pay in Tier 2; plan pays 70% of Blue Shield's allowable amount in Tier 3.	Plan pays 90% of Blue Shield's allowable amount for Preferred Providers; 70% of Blue Shield's allowable amount for Non-Preferred Providers.
PRESCRIPTIONS	\$5 charge per prescription at Kaiser pharmacy for generic or brand name drugs as prescribed (subject to formulary). Mail order available.	\$5 co-pay for generic/\$10 co-pay for brand name/\$15 co-pay for non-formulary drugs or supplies at Blue Shield participating pharmacies. Mail order available (90-day supply): \$10 co-pay for generic/\$20 co-pay for brand name/\$30 co-pay for non-formulary. Contact Express Scripts @1-800-544-6962 for more information.	\$5 co-pay for generic/\$10 co-pay for brand name at Blue Shield participating pharmacies (subject to formulary). Mail order available (90-day supply): \$10 co-pay for generic and \$20 co-pay for brand name drugs (subject to formulary). Contact Express Scripts @1-800-544-6962 for more information.	\$5 co-pay for generic / \$10 co-pay for brand name drugs (subject to Blue Shield's formulary); \$25 co-pay for non-formulary drugs. Mail order available (90-day supply): \$10 co-pay for generic and \$20 co-pay for brand name drugs (subject to formulary); \$50 co-pay for non-formulary drugs. Contact Express Scripts @1-800-544-6962 for more information.

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ROUTINE PHYSICAL EXAMS	No charge.	No charge.	Tier 1: No charge for office visit. \$5 co-pay for immunizations Tier 2: Only immunizations are covered with a \$10 co-pay. Tier 3: Only immunizations are covered at 70% of Blue Shield's allowable amount.	\$10 co-pay per office visit to Preferred providers. Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services; Routine Physical Exams are not covered for Non-Preferred providers.
WELL BABY CARE AND IMMUNIZATIONS	No charge.	No charge.	Tier 1: No charge for office visit. \$5 co-pay for immunizations Tier 2: Only immunizations are covered with a \$10 co-pay. Tier 3: Only immunizations are covered at 70% of Blue Shield's allowable amount.	\$10 co-pay per office visit to Preferred providers. Plan pays 90% for immunizations, laboratory, diagnostics and other Preferred provider services; Plan pays 70% of allowable amount for non-preferred provider services.
ALLERGY TESTS AND TREATMENT	No charge; no limit to visits.	\$5 co-pay per office visit. No additional charge for tests, serum or injections when administered in-office. For serum purchased separately from the office visit, the member co-pay is 50% of allowed charges.	\$5 co-pay in Tier 1; \$10 co-pay for services in Tier 2; and 30% of Blue Shield's allowable amount for services in Tier 3. Plan pays 50% of allowed charges for serum.	\$10 co-pay per office visit to Preferred providers; plan pays 70% of Blue Shield's allowable amount for non-Preferred provider services. Plan pays 50% of allowed charges for serum.
ALCOHOLISM/ DRUG ADDICTION	<u>Inpatient</u> : Detoxification in Kaiser-approved facility only. <u>Transitional Residential Recovery Services (TRRS)</u> : \$100 per admission for up to 60 days per calendar year, not to exceed 120 days in any 5 consecutive years at an approved facility. <u>Outpatient</u> : No charge, no limit.	<u>Inpatient</u> : No charge for inpatient services for medical acute detoxification. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield HMO providers. <u>Outpatient</u> : \$25 co-pay per visit (up to 20 visits per calendar year combined with outpatient non-severe mental health visits).	<u>Inpatient</u> : Detoxification only. Plan pays 100% in Tier 1; and 70% of Blue Shield's allowable amount in Tiers 2 and 3 (subject to pre-authorization). Inpatient hospital, psychiatric day-care or alcoholism, drug abuse day-care, or any combinations of services are covered up to a maximum of 30 days per year. <u>Outpatient</u> : Detoxification only. 100% coverage in Tier 1; member pays \$10 co-payment in Tier 2; and plan pays 70% of Blue Shield's allowable amount up to \$122.50 per person per day in Tier 3. Outpatient psychiatric care, and alcohol and drug abuse counseling up to 20 visits per calendar year.	<u>Inpatient</u> : Detoxification only. Plan pays 90% for Preferred Providers; and 70% of Blue Shield's allowable amount for Non-Preferred providers (subject to pre-authorization). Inpatient hospital, psychiatric day-care or alcoholism, drug abuse day-care, or any combination of services are covered up to a maximum of 30 days per year. <u>Outpatient</u> : Detoxification only. \$25 co-pay for Preferred provider. Up to 20 visits per calendar year combined with non-severe mental health visits.

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MENTAL HEALTH SERVICES/ PSYCHO THERAPY	<p><u>Inpatient:</u> Up to 45 days per calendar year at no charge.</p> <p><u>Outpatient:</u> Up to 20 visits per calendar year at no charge. Additional visits at non-member rates are available. No limits for parity diagnosis (AB88).</p>	<p><u>Inpatient:</u> No charge. Services are accessed through Mental Health Services Administrator's (MHSA's) facilities.</p> <p><u>Outpatient:</u> \$5 co-pay per visit for severe mental health conditions; \$25 per visit for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chem. dependency visits).</p>	<p><u>Inpatient:</u> Standard hospital and physician benefits (see above). All stays are subject to advance review.</p> <p><u>Outpatient:</u> Crisis intervention only. \$35 co-pay for up to 20 visits per year in Tier 1. Member pays 30% of Blue Shield's allowable amount in Tiers 2 and 3.</p>	<p><u>Inpatient:</u> Plan pays 90% for services rendered by Mental Health Services Administrator's (MHSA's) facilities; 70% of allowable amount if services are accessed through non-MHSA facilities (Blue Shield payment not to exceed \$420/person/day).</p> <p><u>Outpatient:</u> Same as inpatient benefit if Severe Mental Illness or Serious Emotional Disturbance of a Child.</p> <p>For all other outpatient mental health services, plan pays 50% of Blue Shield's allowable amount for services rendered by MHSA participating providers (maximum of 20 visits per person, per calendar year for Preferred providers. Non-Preferred are not covered).</p>
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY	Short term physical therapy for acute conditions only, at no charge.	<p><u>Inpatient:</u> No charge (limited to 100 days during any calendar-year)</p> <p><u>Outpatient:</u> \$5 co-pay per visit.</p>	<p><u>Inpatient:</u> Plan pays 100% in Tier 1; 90% of negotiated amount in Tier 2; or 70% of billed charges in Tier 3</p> <p><u>Outpatient:</u> Member pays \$5 co-pay in Tier 1; \$10 co-pay in Tier 2; or 30% of Blue Shield's allowable amount in Tier 3. Limit of 60 consecutive days from 1st treatment per condition in Tiers 2 and 3.</p>	<p>Plan pays 90% for Preferred; and 70% of Blue Shield's allowable amount for Non-Preferred services.</p> <p>Additional benefits may be authorized upon medical review of the treatment plan.</p>
CHIROPRACTIC/ ACCUPUNCTURE	Not covered.	\$10 co-pay per visit when accessed through American Specialty Health Plans' (ASHP's) network (Benefit Max: 30 combined visits per calendar year; \$50 appliance benefit max per calendar year).	Chiropractic services available through a participating provider only. \$5 co-pay per visit, to a maximum of 30 visits per calendar year. PCP referral is not required. (Appliances are covered up to \$50 per member per calendar year).	<u>Chiropractic & Acupuncture:</u> Plan pays 90% for Preferred; 70% of the allowable amount for Non-Preferred. (Benefit Max: 20 visits per calendar year each)
DURABLE MEDICAL EQUIPMENT	Covered 100% according to formulary guideline. Employees who live outside of Kaiser's Service Area may pick up items such as canes, crutches, and diabetic supplies within the Service Area. Most DME items must be delivered and maintained within the Service Area. This may be at a friend or family member's home within the Service Area, but the item must remain within the Service Area.	Covered at 100% of allowed charges.	Plan pays 100% in Tier 1 with no max; 90% in Tier 2 up to a maximum of \$2,000 per calendar year; and 70% of Blue Shield's allowable amount in Tier 3, up to a maximum of \$2,000 per calendar year.	90% of the Blue shield allowable amount for Preferred; 70% of the allowable amount for Non-Preferred. (Benefit Max: \$2,000 per calendar year).
HEARING AIDS	Covered up to \$500 per device every 36 months when medically necessary. Employees who live outside of Kaiser's Service Area may obtain Hearing Aids from a contracted vendor inside the Service Area.	Covered up to \$1,000 every 36 months when medically necessary.	Covered up to \$1,000 every 36 months when medically necessary.	Not covered.

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CONTINUING CARE	<p><u>Home Health</u>: No charge when prescribed by a Kaiser physician. Employees living outside Kaiser's Service Area may receive services at a friend or family member's home within the Service Area.</p> <p><u>Skilled Nursing Facility</u>: No charge, up to 100 days per calendar year. Employees living outside Kaiser's Service Area may receive services at a contracted vendor inside the Service Area.</p> <p><u>Hospice</u>: No charge when selected as an alternative to traditional in-hospital services. Employees living outside Kaiser's Service Area may receive services at a contracted vendor inside the Service Area.</p> <p>All continuing care coverage requires prior authorization.</p>	<p><u>Home Health</u>: \$5 co-pay per visit (up to 100 visits per calendar year).</p> <p><u>Skilled Nursing Facility</u>: No charge (up to 100 days per calendar year).</p> <p><u>Hospice</u>: No charge. Subject to pre-authorization.</p>	<p><u>Home Health</u>: 100% coverage in Tier 1; member pays \$10 co-pay in Tier 2; and 20% of Blue Shield's allowable amount in Tier 3. A combined Hospice and Home Health care max of 100 visits per year applies to all tiers.</p> <p><u>Skilled Nursing Facility</u>: 100% coverage in Tier 1; member pays 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. A combined maximum of 100 consecutive days from first treatment per disability applies to all tiers.</p> <p><u>Hospice</u>: 100% coverage in Tier 1; member pays 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. A combined Hospice and Home Health care max of 100 visits per year applies to all tiers.</p>	<p><u>Home Health/Hospice*/Infusion Care</u>: Plan pays 90% when services are pre-authorized. A combined Hospice and Home Health care maximum of 100 visits per year applies to Preferred and Non-Preferred providers.</p> <p>*Hospice Providers are paid at 80% of the lesser of billed charges or the amount that Blue Shield determines was charged by the majority of providers of like covered services and supplies at the time and in the area where the services or supplies were provided.</p> <p><u>Skilled Nursing Facility</u>: Plan pays 90% when services are pre-authorized. A combined maximum of 100 consecutive days from first treatment applies.</p>
OUT-OF-AREA COVERAGE	Full coverage for emergency services required before member's medical condition permits travel or transfer to nearest Kaiser facility for care.	<p>\$50 co-pay for urgent care facility visits when outside of Blue Shield's HMO service area.</p> <p>Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.</p>	Covers care received anywhere in the world under out-of-network (Tier 3) provisions. Pays 100% for essential emergency treatment, after \$35 co-pay, if Tier 1 procedures are followed.	Blue Shield will pay 90% if the member accesses health care through Blue Shield's nation-wide PPO network (Preferred providers). Otherwise, Blue Shield will pay 70% of their allowable amount for services accessed through a non-participating physician or facility. Eligibility must be verified prior to payment.
COORDINATION OF BENEFITS	Contact Kaiser for details.	Yes.	Yes.	Yes.
ELIGIBLE FAMILY MEMBERS	<p>For all plans:</p> <ul style="list-style-type: none"> • Legal spouse. • Domestic Partner. • Unmarried children under age 19, or to age 24 if FULL-TIME student (12 units/college term) and qualified as dependent under IRS Codes. Proof of student status is required by the end of Open Enrollment each year by the Employee Services Department beginning in the year of the dependent's 19th birthday. • Unmarried children incapable of self-sustaining employment because of mental retardation or physical handicap who were enrolled at the time they became disabled (or at age 19 if disability occurred prior to age 19). Physician certification of incapacity is required by Employee Services, beginning at age 19. Ongoing certification is required. 			
MEDICARE FOR RETIREES OVER 65	<p>For all plans: Enrollment in Medicare (Parts A and B) is required for everyone who is eligible. Additional Medicare Risk and Medicare Supplement plans are available. Contact the City Retirement Services Department for details: 408-392-6700.</p>			
CONTINUATION OF BENEFITS	<p>For all plans: May continue under COBRA if certain requirements are met by paying the entire premium each month, plus an administration fee. Must apply within 60 days of loss of coverage.</p>			

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